

U.S. 60 (1/70)
NEVNEY, MAY V.
 CENSUS SUB-DIVISION
 TRACT DIVISION

NEW YORK STATE
 DEPARTMENT OF HEALTH
 BUREAU OF VITAL RECORDS
CERTIFICATE OF DEATH

STATE FILE NUMBER

RECORDED DISTRICT
5904
 REGISTER NUMBER
360

TYPE ALL ENTRIES OR PRINT IN PERMANENT BLACK INK.

1. NAME: FIRST May			MIDDLE V.			LAST Tierney			2. SEX MALE <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/>		3A. DATE OF DEATH MONTH DAY YEAR MAY 4 1975			3B. HOUR 11:10A.	
4. RACE: (WHITE, NEGRO, AMERICAN INDIAN, ETC.) white			5. AGE 80 YRS.		IF UNDER 1 YR. MONTHS DAYS		IF UNDER 1 DA. HOURS MIN.		6A. VETERAN OF U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNKNOWN <input type="checkbox"/>			6B. IF YES - SPECIFY WAR, OR DATES OF SERVICE - - - - -			
7A. COUNTY (NYS) Westchester			7B. TOWN Rochelle			7C. CITY OR VILLAGE New Rochelle			7D. LENGTH OF STAY IN TOWN, CITY OR VILLAGE 3 weeks			7E. HOSPITAL OR OTHER INSTITUTION (IF NEITHER, GIVE STREET & NO.) New Rochelle Hospital			
8. STATE OF BIRTH (COUNTRY, IF NOT USA) Virginia			9. DECEDENT BORN MONTH DAY YEAR 9 3 94			10. CITIZEN OF WHAT COUNTRY? U.S.A.			11. MARITAL STATUS widowed			12. SURVIVING SPOUSE (IF WIFE, MAIDEN NAME.) - - - - -			
13A. USUAL OCCUPATION (EVEN IF RETIRED) Buyer & Manager						13B. KIND OF BUSINESS OR INDUSTRY millinery						13C. SOCIAL SECURITY NO. 060 -30- 1330			
14A. STATE New York			14B. COUNTY Westchester			14C. TOWN Larchmont			14D. CITY OR VILLAGE Larchmont			14E. WITHIN THE CORPORATE LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		14F. STREET AND NUMBER 1880 Palmer Avenue	
15A. FATHER'S NAME: FIRST MIDDLE LAST William Berry						15B. MOTHER'S MAIDEN NAME: FIRST MIDDLE LAST Ida Haislop									
16A. INFORMANT'S NAME: Mrs. Virginia Bishop						16B. MAILING ADDRESS: (INCLUDE ZIP CODE) 1880 Palmer Avenue Larchmont, N.Y. 10538									

ATTENTION

AN ERROR IS NOTED IN A CERTIFICATE BEFORE ACCEPTANCE BY REGISTRAR A CORRECTED CERTIFICATE MAY BE SUBSTITUTED.

AN INCORRECT CERTIFICATE HAS BEEN ACCEPTED BY THE REGISTRAR, FILE NUMBER V.S. 64.

PART I. DEATH WAS CAUSED BY			ENTER ONLY ONE CAUSE PER LINE FOR (A), (B), AND (C).			APPROXIMATE INTERVAL BETWEEN ONSET & DEATH			
17. IMMEDIATE CAUSE (A) MURAL EMBOLI			DUE TO OR AS A CONSEQUENCE OF			2 WEEKS			
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (A) STATING THE UNDERLYING CAUSE LAST			(B) ACUTE MYOCARDIAL INFARCTION			20 DAYS			
			(C) HYPERTENSIVE AND ARTERIOSCLEROTIC HEART DISEASE			YEARS			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (A)						18A. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		18B. IF YES, WERE FINDINGS CONSIDERED IN DETERMINING THE CAUSE OF DEATH? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19A. ACCIDENT, HOMICIDE, SUICIDE, UNDETERMINED		19B. MONTH DAY YEAR		19C. HOUR		19D. HOW DID INJURY OCCUR? (ENTER NATURE OF INJURIES IN #17 I, OR II.)			
19E. INJURY AT WORK? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		19F. PLACE OF INJURY, HOME, FACTORY, OFFICE BLDG., ETC.		19G. LOCATION (STREET & NO., CITY OR VILLAGE, TOWN, COUNTY, STATE)					

20. PART I TO BE COMPLETED BY CERTIFYING PHYSICIAN ONLY					-OR-					20. PART II TO BE COMPLETED BY CORONER OR MEDICAL EXAMINER ONLY				
A. TO THE BEST OF MY KNOWLEDGE, DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED					A. ON THE BASIS OF EXAMINATION AND/OR INVESTIGATION, IN MY OPINION DEATH OCCURRED AT THE TIME, DATE AND PLACE AND DUE TO THE CAUSES STATED.									
SIGNED: <i>Albert A. Sichel</i> MAY 5 1975					SIGNED: _____ TITLE: _____									
B. THE PHYSICIAN ATTENDED THE DECEASED		C. LAST SEEN ALIVE		B. PRONOUNCED DEAD		C. HOUR		D. DATE SIGNED						
FROM: 1936 TO: MAY 4 1975		MAY 3 1975		ON: _____ AT _____ M.		MONTH DAY YEAR								
D. ATTENDING PHYSICIAN, IF OTHER THAN CERTIFIER:					E. CORONER'S PHYSICIAN, IF OTHER THAN CERTIFIER:									
21. NAME AND ADDRESS OF CERTIFIER (PHYSICIAN, CORONER, MEDICAL EXAMINER, CORONER'S PHYSICIAN, MEDICAL DIRECTOR): ALBERT A. SICHEL, M. D., 235 LARCHMONT AVENUE, LARCHMONT, NEW YORK														

22A. BURIAL CREMATION REMOVAL <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>			MONTH DAY YEAR 5 7 75			22B. PLACE OF BURIAL, CREMATION OR REMOVAL Gate of Heaven Cem.			22C. LOCATION (CITY OR TOWN, STATE) Valhalla, N.Y.		
23A. NAME AND ADDRESS OF FUNERAL HOME John J. Fox & Sons Inc. 2080 Boston Post Road Larchmont, N.Y. 10538						23B. REGISTRATION NO. 00856					
24A. NAME OF FUNERAL DIRECTOR Robert Ruggiero						24B. SIGNATURE OF FUNERAL DIRECTOR <i>Robert Ruggiero</i>			24C. REGISTRATION NO. 06757		
25A. SIGNATURE OF REGISTRAR <i>Maie B. Condon</i>			25B. DATE FILED May 5 1975			25A. BURIAL OR REMOVAL PERMIT ISSUED BY: <i>Maie B. Condon</i>			26B. MONTH DAY YEAR May 5 1975		

I CERTIFY THAT THIS IS A TRUE COPY
 Maie B. Condon
 REGISTRAR OF VITAL STATISTICS
 CITY OF NEW ROCHELLE, N. Y.